

CLAIMANT'S NAME Mark Weatherford		SSN or EMPLOYEE NUMBER On File ---- 6318		DEPARTMENT State & Consumer Servs Agency	
POSITION Director	CB/D No. E99	DIVISION or BUREAU Ofc of Info Security & Privacy Protection			INDEX NUMBER 1030
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 1325 J Street, Suite 1650			TELEPHONE NUMBER (916) 323-7290
STATE [REDACTED]		CITY Sacramento		STATE CA	ZIP CODE 95814

(1) NORMAL WORK HOURS  
M - F 8a - 5p

(2) PRIVATE VEHICLE LICENSE NUMBER  
[REDACTED]

(3) MILEAGE RATE CLAIMED  
0.550

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE   TIME				(8) BREAK-FAST	LUNCH	O.T., L.T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
6/1	1530	Sacramento						PC		3.90	2.15		2.15	
6/11	1330	Sacramento						PC		7.26	3.99		3.99	
6/15	1400	Sacramento						PC		1.88	1.03		1.03	
6/29	1300	Sacramento						PC		7.32	4.03		4.03	
6/30	1300	Sacramento						PC	3.00	2.88	1.58		4.58	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		3.00	23.24	12.78	0.00	15.78
COLUMN CODE (ACCOUNTING USE ONLY)														

CLAIM TOTAL

\$15.78

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

6/1 - Meeting at DTS regarding email cloud security  
 6/11 - Security Presentation with the California Gambling Control Commission  
 6/15 - Meet and Greet with Dept. of Water Resources  
 6/29 - Homeland Security Discussion with Dr. Emir Macari at CSUS  
 6/30 - Meeting at the Sacramento Chamber of Commerce Re: Security Concerns for Businesses in Sacramento

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT SIGNATURE [REDACTED]	DATE 7/14/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE